

PLANNING TO MEET THE CHILDREN'S FOOD NEEDS



With careful planning, you can meet the food needs of the children in your care. The meals and snacks you prepare and serve should meet the requirements for the U.S. Department of Agriculture Child and Adult Care Food Program. ^{NU2} Some people call this “the Food Program.”

Planning menus for children of different ages may be easier than you think. The CACFP meal patterns use the same food groups for children of all ages older than 1 year. The amount of food, the texture, and the size of the pieces may be different. How much you serve and the way you serve it depend on the child's age, growth, and development.

(For a “Menu Planning Checklist,” see Figure 4.1.)

GROWTH AND DEVELOPMENT

The food needs of children are related to their growth and development. This means more than just how long or tall the child is or how much the child weighs. It also has to do with what skills the child has or can learn. Think about the many differences between a newborn infant, a toddler, and a 5 year old. These differences affect the foods a child can eat and needs to eat—and the way a child should be fed. Within age groups, each child develops skills at a different rate.

Growth

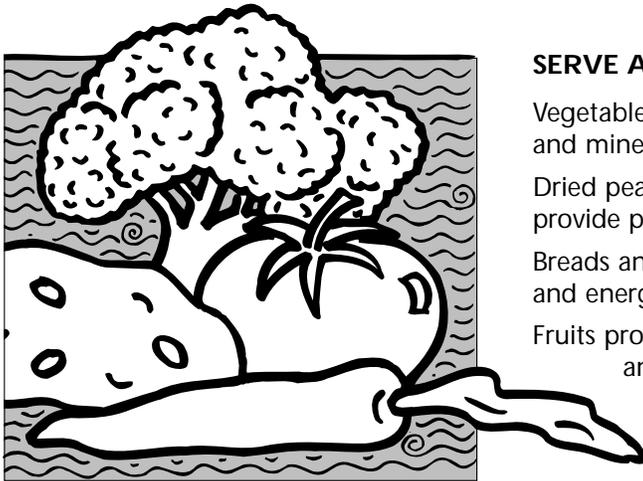
Children need food to grow, and children who are growing fast need more food than usual. Between growth spurts, they are less hungry. Children over the age of 6 months need foods from the five food groups to keep them healthy and growing. No one food can provide all the nutrients these young children need. Serve a variety of foods to children so that they get all the nutrients they need.

Plan your day so that infants are fed when hungry and young children are fed every 2 to 3 hours. Because they have small stomachs, children need many chances during the day to meet their food needs. Serve meals and snacks on a regular schedule so that the children learn what to expect. (See Figure 4.3, “Sample Meal and Snack Schedule.”) ^{NU3}

NU2 All meals and supplements (snacks) and their preparation, service, and storage shall meet the requirements for meals of the child care component of the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP) and the Code of Federal Regulations (CFR) Part 226.20.

NU3 The facility shall ensure that:

- a) Children in care for 8 hours or less shall be offered at least one meal and two supplements (snacks) or two meals and one supplement (snack).
- b) Children in care for 9 hours or more shall be offered at least two meals and two supplements (snacks) or three supplements (snacks) and one meal. **EDITORS' NOTE:** USDA CACSP regulations have been revised as follows, Children in center care for 8 or more hours can be served an additional reimbursable meal or supplement (snack)—a maximum of three meals and one supplement (snack) or two meals and two supplements (snacks).
- c) A nutritious supplement (snack) shall be offered to all children in midmorning and in midafternoon.
- d) Children shall be offered food at intervals not less than 2 hours and not more than 3 hours apart unless the child is asleep.



SERVE A VARIETY OF FOODS TO CHILDREN

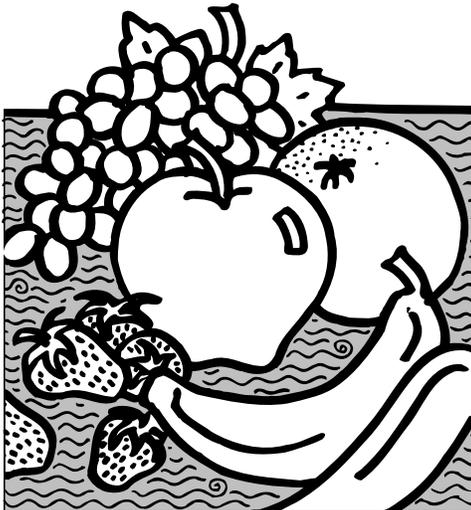
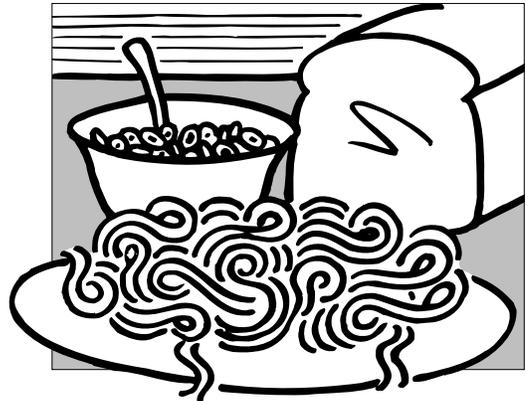
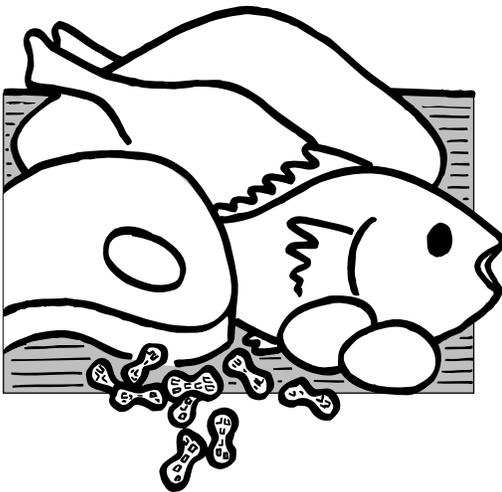
Vegetables provide vitamins A and C, folic acid, and minerals.

Dried peas and beans, meat, fish, and poultry provide protein, iron, and zinc.

Breads and cereals provide B vitamins, fiber, and energy from carbohydrates.

Fruits provide vitamins A and C, folic acid, and minerals.

Dairy products provide protein and calcium.





Young children will not eat the same way or amount every day or at every meal. As long as the child is healthy and growing, don't be concerned about this.

Be sure to serve nutritious snacks that will help children meet their food needs for the day. Don't serve sticky snacks or snacks



You are responsible for buying, preparing, and serving food. The child is responsible for what she eats and how much she eats. Healthy children will eat what they need. Do not force a child to eat specific foods or clean his plate.

with a lot of sugar in them. Serve 100 percent fruit juice—not juice drinks. **NU5** Offer water to children after snacks to remove food particles that might contribute to cavities if they cannot brush their teeth. **HP12** Children should always have access to drinking water, either from a

fountain or from single-service cups. **FA172** (For a list of snack ideas, see Figure 4.2.)

For all children over the age of 6 months, serve at least one portion of a fruit, vegetable, or juice high in vitamin C each day. Serve a food high in vitamin A at least three times a week. Serve foods that are good sources of iron every day. **NU4** (For more information, see Figure 4.4, "Very Good Sources.")

Development

Food experiences help meet various needs during infancy and early childhood. For example, infants need to be held, need to suck, and need to learn trust and security. As they get older, they need to develop independence and social skills.

Food experiences also help develop motor skills and dexterity in infancy and childhood. Foods can help teach children about counting, sorting, measuring, colors, shapes, textures, temperatures, odors, and tastes.

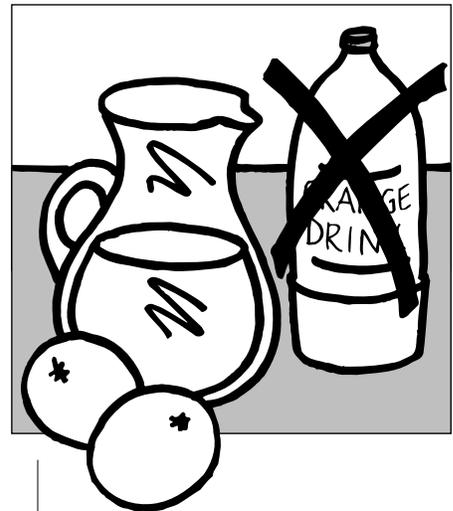
The rest of this chapter looks at what to feed children of different ages.



If there is disagreement between a standard and a parent's or health care provider's instructions, the written instructions from the child's parent or health care provider should be followed.

NU5 Supplements (snacks) that have a high sugar content or that are sticky (e.g., raisins) shall be avoided. Only full-strength (100 percent) fruit juice shall be served.

HP12 The cavity-causing effect of frequent exposure to food shall be counterbalanced by offering the children drinking water after snacks when brushing is not possible.



FA172 Drinking water, dispensed in drinking fountains or by single-service cups, shall be accessible to children while indoors and outdoors.

NU4 A minimum of one serving of a fruit, vegetable, or juice high in vitamin C must be provided daily, and a food high in vitamin A must be served at least three times a week. Foods that are good sources of iron shall be served daily.



INFANTS (0-11 MONTHS)

Infants change a great deal within the first year of life. Their food needs also change a lot. Always ask the infant's parents or health care provider for written instructions about what the infant should eat. Requirements for the CACFP can be found in the chart below. ^{NU8}

CACFP REQUIREMENTS FOR INFANTS

BIRTH-3 MONTHS

COMPONENTS		QUANTITY
BREAKFAST	Infant formula (iron fortified) or breast milk*	4-6 fluid ounces
SUPPLEMENT (SNACK)	Infant formula (iron fortified) or breast milk*	4-6 fluid ounces
LUNCH OR SUPPER	Infant formula (iron fortified) or breast milk*	4-6 fluid ounces

4 MONTHS-7 MONTHS

COMPONENTS		QUANTITY
BREAKFAST	Infant formula (iron fortified) or breast milk**	4-8 fluid ounces
	Infant cereal (iron fortified, dry) (optional)	0-3 tablespoons
SUPPLEMENT (SNACK)	Infant formula (iron fortified) or breast milk*	4-6 fluid ounces
LUNCH OR SUPPER	Infant formula (iron fortified) or breast milk**	4-8 fluid ounces
	Infant cereal (iron fortified, dry) (optional)	0-3 tablespoons
	Fruit and/or vegetable (optional)	0-3 tablespoons

8 MONTHS-11 MONTHS

COMPONENTS		QUANTITY
BREAKFAST	Infant formula (iron fortified) or breast milk*** or whole milk	6-8 fluid ounces
	Infant cereal (iron fortified, dry)	2-4 tablespoons
	Fruit and/or vegetable	1-4 tablespoons
SUPPLEMENT	Infant formula (iron fortified) or breast milk*** or Whole milk or full-strength fruit juice	2-4 fluid ounces
	Bread or Crackers (optional)	0-1/2 slice 0-2 crackers
LUNCH OR SUPPER	Infant formula (iron fortified) or breast milk*** or whole milk	6-8 fluid ounces
	Infant cereal (iron fortified, dry) and/or	2-4 tablespoons
	Meat, fish, poultry, egg yolk or	1-4 tablespoons
	Cooked dry beans or peas or	1-4 tablespoons
	Cheese or Cottage cheese, cheese food, cheese spread	1/2-2 ounces 1-4 ounces
Fruit and/or vegetable	1-4 tablespoons	

* Not reimbursable, but strongly encouraged.

** Reimbursable when optional component(s) is served.

*** Reimbursable when the other components are served.



Younger infants (0–4 months)

Breast milk is the best source of nutrition for infants. Let mothers know that you are willing to care for breastfed babies and will help them continue breastfeeding. Infants who are on breast milk may need to eat more often than infants on formula. This is natural because of the differences in the two milks.



Correct way to hold infant while bottlefeeding

Breast milk or iron-fortified formula is all that most infants need until they are 4–6 months old. Feed infants whenever they are hungry unless you have other written instructions from the parents.

NU10 For both closeness

and safety, always hold infants who cannot sit up while they are nursing from a bottle. **NU11** For information about the proper preparation of formula, the proper storage of breast milk and formula, and the proper cleaning of bottles, see the section at the end of the chapter called Safe Bottle Feeding.

Older infants (5–11 months)

When the infant is 5–6 months of age, talk with the parents about introducing solid foods if they have not brought it up earlier. The introduction of solids should begin between 4 and 6 months of age and depends on the infant's readiness for solid foods. **NU9** Some signs that show an infant is ready are:

- ♡ Infant sits with support.
- ♡ Infant holds head steady and opens mouth when spoon approaches.
- ♡ Infant's tongue does not thrust out when the spoon is placed in his mouth.
- ♡ Infant swallows easily without choking or gagging.

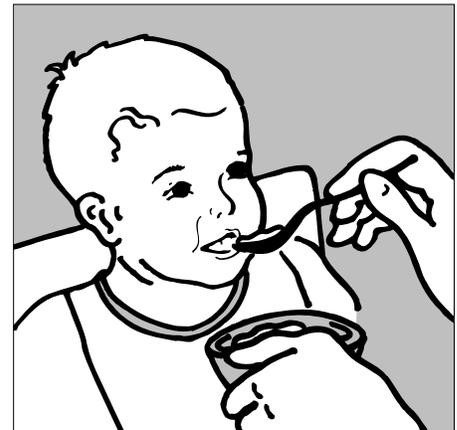
Feed infants baby foods by spoon only. This teaches the infant the right way to eat solid foods. Do not use a bottle or an infant feeder for solid foods. This might cause the infant to choke. **NU20** When the infant is able to sit up, encourage him to

NU8 Meals and supplements (snacks) provided by the facility for infants shall contain at a minimum the food components shown in Appendix J [of *National Health and Safety Performance Standards*]. Food shall be appropriate for infants' individual nutrition requirements and developmental stages as determined by written instructions obtained from the child's parent or health care provider.

NU10 Infants shall be fed on demand unless the parent provides written instructions otherwise.

NU11 Infants shall either be held or be fed sitting up for bottle feeding. Infants unable to sit shall always be held for bottle feeding. Bottle propping and carrying of bottles by young children throughout the day and/or night shall not be permitted.

NU9 The introduction of solid foods shall be accomplished routinely between 4 and 6 months of age, as indicated by an individual child's nutritional and developmental needs after consultation with the



parents. Modification of basic food patterns shall be provided in writing by the child's health care provider.

NU20 Commercially packaged baby food shall be served from a bowl or cup and not directly from the commercial container. Solid food shall be fed by spoon only. Uneaten food in dishes shall be discarded.



NU42 For infants, foods shall be cut up in small pieces no larger than $\frac{1}{4}$ -inch cubes.

NU23 Toddlers shall be encouraged to hold and drink from a cup, to use a spoon, and to use their fingers for self-feeding.

NU43 For toddlers, foods shall be cut up in small pieces no larger than $\frac{1}{2}$ -inch cubes.

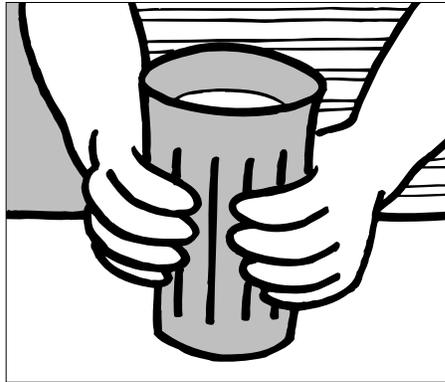
NU22 Toddlers and preschoolers shall be served small-sized portions and permitted to have one or more additional servings to meet the needs of the individual child.

NU19 Only whole, pasteurized milk shall be served to children younger than 24 months of age who are not on formula or breast milk. Skim milk, reconstituted nonfat dry milk, and milk containing 1 percent or 2 percent butterfat shall not be used for drinking purposes by any child less than 24 months of age, except with the written direction of a parent and the child's health care provider.

NU21 Meals and supplements (snacks) provided by the facility for toddlers and preschoolers shall contain at a minimum the food components shown for these age groups in Appendix K [of *National Health and Safety Performance Standards*].

begin to drink from a small plastic glass using two hands. The American Academy of Pediatrics recommends not offering cow's milk and evaporated milk formulas in the first 12 months of life.

Finger feeding helps infants learn many things—textures, hand-to-mouth coordination, and how to grasp and release objects. When the infant is able to pick up food and put it in his mouth, let him. Serve soft table foods cut into small pieces no larger than $\frac{1}{4}$ -inch cube. **NU42**



Pay attention to signs that the infant is hungry or full. Feed him when he opens his mouth and leans forward. When he turns away or does not open his mouth, do not force him to eat.

TODDLERS (1-2 YEARS)

Toddlers need to expand the variety of foods they began eating in infancy. Encourage them to finger feed and learn to use a spoon and glass. **NU23** Serve soft table foods cut into small pieces no larger than $\frac{1}{2}$ -inch cube. **NU43**

At this age, children do not grow as quickly as they did during the first year of life. As a result, their appetites decrease. Serve toddlers small amounts. If they finish that food and are still hungry, give them more. **NU22** Be realistic about the amount that toddlers eat. The serving size will be about $\frac{1}{4}$ of an adult's serving. A good guideline is to serve 1 tablespoon of each food for every year of age. Large servings can overwhelm a small child so that he will eat very little. Don't let young children drink so much milk that they do not eat.

Give 1- to 2-year-old children whole, pasteurized milk to drink if they are not on breast milk or formula. Do not use low-fat, skim, or reconstituted nonfat dry milk unless you have written instructions from the child's parent *and* the child's health care provider. **NU19**

Look at the chart on pages 33 and 34 for the food requirements for toddlers. **NU21**

CACFP REQUIREMENTS FOR CHILDREN AGES 1 THROUGH 12

BREAKFAST MEAL PATTERN

COMPONENTS	AGES 1-2	AGES 3-5	AGES 6-12
Milk			
Milk fluid	1/2 cup	3/4 cup	1 cup
Vegetables and Fruits			
Vegetable(s) and/or fruit(s) or	1/4 cup	1/2 cup	1/2 cup
Full-strength fruit or vegetable juice or	1/4 cup	1/2 cup	1/2 cup
An equivalent quantity of any combination of the above			
Bread and Bread Alternates			
Bread or	1/2 slice	1/2 slice	1 slice
Cornbread, biscuits, rolls, muffins, etc. or	1/2 serving	1/2 serving	1 serving
Cold dry cereal or	1/4 cup or 1/3 oz.	1/3 cup or 1/2 oz.	3/4 cup or 1 oz.
Cooked cereal or	1/4 cup	1/4 cup	1/2 cup
Cooked pasta or noodle products or	1/4 cup	1/4 cup	1/2 cup
Cooked cereal grains or	1/4 cup	1/4 cup	1/2 cup
An equivalent quantity of any combination of bread and bread alternates			

SUPPLEMENT (SNACK) MEAL PATTERN

COMPONENTS	AGES 1-2	AGES 3-5	AGES 6-12
Milk			
Milk fluid	1/2 cup	1/2 cup	1 cup
Vegetables and Fruits			
Vegetable(s) and/or fruit(s) or	1/2 cup	1/2 cup	3/4 cup
Full-strength fruit or vegetable juice or	1/2 cup	1/2 cup	3/4 cup
An equivalent quantity of any combination of the above (Juice may not be served when milk is the only other component)			
Bread and Bread Alternates			
Bread or	1/2 slice	1/2 slice	1 slice
Cornbread, biscuits, rolls, muffins, etc. or	1/2 serving	1/2 serving	1 serving
Cold dry cereal or	1/4 cup or 1/3 oz.	1/3 cup or 1/2 oz.	3/4 cup or 1 oz.
Cooked cereal or	1/4 cup	1/4 cup	1/2 cup
Cooked pasta or noodle products or	1/4 cup	1/4 cup	1/2 cup
Cooked cereal grains or	1/4 cup	1/4 cup	1/2 cup
An equivalent quantity of any combination of bread and bread alternates			
Meat and Meat Alternates			
Lean meat or poultry or fish or	1/2 oz.	1/2 oz.	1 oz.
Cheese or	1/2 oz.	1/2 oz.	1 oz.
Eggs or	1/2 egg	1/2 egg	1 egg
Cooked dry beans or peas or	1/8 cup	1/8 cup	1/4 cup
Peanut butter or soynut butter or			
Other nut or seed butters or	1 tbsp.	1 tbsp.	2 tbsp.
Peanuts or soynuts or tree nuts or seeds or	1/2 oz.	1/2 oz.	1 oz.
Yogurt, plain or sweetened and flavored or	2 oz. or 1/4 cup	2 oz. or 1/4 cup	4 oz. or 1/2 cup
An equivalent quantity of any combination of the above meat and meat alternates			

CACFP REQUIREMENTS FOR CHILDREN AGES 1 THROUGH 12 (CONTINUED)

LUNCH OR SUPPER MEAL PATTERN

COMPONENTS	AGES 1-2	AGES 3-5	AGES 6-12
Milk			
Milk fluid	1/2 cup	1/2 cup	1 cup
Vegetables and Fruits			
Vegetable(s) and/or fruit(s) or	1/4 cup total	1/2 cup total	3/4 cup total
Bread and Bread Alternates			
Bread or	1/2 slice	1/2 slice	1 slice
Cornbread, biscuits, rolls, muffins, etc. or	1/2 serving	1/2 serving	1 serving
Cooked pasta or noodle products or	1/4 cup	1/4 cup	1/2 cup
Cooked cereal grains or	1/4 cup	1/4 cup	1/2 cup
An equivalent quantity of any combination of bread and bread alternates			
Meat and Meat Alternates			
Lean meat or poultry or fish or	1 oz.	1 1/2 oz.	2 oz.
Cheese or	1 oz.	1 1/2 oz.	2 oz.
Eggs or	1 egg	1 egg	1 egg
Cooked dry beans or peas or	1/4 cup	3/8 cup	1/2 cup
Peanut butter or soynut butter or			
Other nut or seed butters or	2 tbsp.	3 tbsp.	4 tbsp.
Peanuts or soynuts or tree nuts or seeds or	1/2 oz. = 50%	1/2 oz. = 50%	1 oz. = 50%
Yogurt, plain or sweetened and flavored or	1/2 oz.	1/2 oz.	1 oz.
An equivalent quantity of any combination of the above meat and meat alternates			

NU21 Meals and supplements (snacks) provided by the facility for toddlers and preschoolers shall contain at a minimum the food components shown for these age groups in Appendix K [of *National Health and Safety Performance Standards*].

PRESCHOOLERS (3-5 YEARS)

As they try to develop their own skills, children at this age imitate adults. If you want the children in your care to eat their vegetables, eat yours and enjoy them. If a child refuses to eat vegetables, offer the child fruits that contain many of the same vitamins and minerals. Keep serving foods that are not accepted at first. Prepare them in different ways and try again (e.g., raw fruits and vegetables instead of cooked).

Set limits for the children and help them learn good behavior at the table. Teach them polite ways to refuse foods. An adult caregiver should sit with toddlers and preschoolers and eat the same foods. This adult can encourage conversation and give help when it is needed.

Look at the chart on pages 33 and 34 for the food requirements for preschoolers. ^{NU21} The American Academy of Pediatrics recommends low-fat milk (i.e., skim, 1% fat, or 2% fat) for children age 2 and older.



SCHOOL-AGE CHILDREN (6+ YEARS)

Older children grow steadily and have a natural increase in appetite. Children at this age learn about where food comes from and how it is prepared. Most enjoy helping to prepare food. This is especially useful with new foods—children are more likely to eat foods they have helped prepare.

If a child stays with you for at least 2 hours after school, offer him a snack. If he stays with you longer than that, you may also need to offer him another snack or a meal. ^{NU24} (See Figure 4.3, “Sample Meal and Snack Schedule.”)

Look at the chart on pages 33 and 34 for the food requirements for school-age children. ^{NU24}

CHILDREN WITH SPECIAL HEALTH NEEDS

Children may have special needs because of food allergies, diabetes mellitus, developmental disabilities, swallowing problems, lack of coordination, and many other conditions. Plan meals carefully for children who have special needs. ^{CSN61}

Make your plans before the child is placed in your care.

- * Work with parents to obtain a written history of his special nutrition or feeding needs, and write a plan for meeting these needs. ^{CSN62}
- * Review this history and care plan with a child care nutrition specialist or a consulting registered nurse. ^{CSN62}
- * Use the history to develop an individual food plan and menus. Obtain help from a nutrition specialist, and, when needed, a registered nurse, a speech therapist, an occupational therapist, and/or a physical therapist. ^{CSN63}
- * Check to be sure that the plan is complete.

Depending on the child’s problem, the plan may need to cover:

- ☆ Food types, amounts, and consistency
- ☆ Frequency of feeding
- ☆ Special dishes such as scoop bowls and utensils such as Mothercare™ spoons and coated spoons
- ☆ Special equipment including furniture
- ☆ Ways to get the child to eat enough
- ☆ Medications

NU24 Meals and supplements (snacks) provided by the facility for school-age children (including those in school-age child care facilities) shall contain at a minimum the food components shown for this age group in Appendix K [of *National Health and Safety Performance Standards*]. Children attending facilities for 2 or more hours after school need at least one supplement (snack); those attending for more than 2½ hours need an additional supplement (snack).

CSN61 Children with special needs due to chronic illness or disabilities shall have their feeding planned. This planning requires the expertise of the child care team, including the child care nutrition specialist to address ongoing dietary and feeding issues related to individual health conditions such as allergies, food idiosyncrasies, and other identified feeding problems.

CSN62 A written history of any special nutrition or feeding needs of the child shall be obtained before the child enters the facility. This history shall be reviewed by the staff with the child care nutrition specialist or in consultation with a registered nurse.

CSN63 The histories described in standard CSN62 above shall be used to develop individual feeding plans and, collectively, to develop facility menus. Disciplines related to special nutrition needs, including nursing, speech, and occupational and physical therapy, shall participate when needed and/or when they are available to the facility. With the exception of those children on special diets, the general nutrition guidelines for facilities in *General Requirements*, *Nutrition for Infants*, *Nutrition for Toddlers and Preschoolers*, and *Nutrition for School-Age Children* shall be applied.



NU6 Dietary modifications shall be made under the direction of a trained health care provider. The caregiver shall modify and/or supplement the child's diet because of food allergies or special dietary needs only with written permission from the child's parent or legal guardian and from the child's health care provider. The caregiver shall obtain a list of foods that the child can and cannot consume from the parent/legal guardian or the child's health care provider. Menus shall be approved by the child care nutrition specialist. Dietary modifications shall be recorded as specified in Appendix C [of *National Health and Safety Performance Standards*].

NU1 Children shall be provided nourishing and attractive food according to a written plan developed by a qualified child care nutrition specialist. Carrying out the plan shall be the shared responsibility of all caregivers, directors, and food service personnel.

AD45 The facility shall have a nutrition plan that addresses kitchen layout; food procurement, preparation, and service; staffing; and nutrition education. The plan should delegate responsibility for each of these items. The nutrition plan of centers shall be a written plan and shall have input by the Nutrition Specialist and a food service expert.

AD46 The facility's policies and procedures for handling food shall include items specified in *Kitchen, Food Brought from Home, Kitchen and Equipment, Food Safety, and Maintenance*. Centers shall have written food-handling policies.

NU44 The nutrition plan shall include steps to take when problems occur that require rapid response on the part of the staff (e.g., when a child chokes during mealtime). The completed plan shall be on file and accessible to staff.

CSN64 The feeding plan shall include steps to take when problems occur that require rapid response on the part of the staff (e.g., when a child chokes during mealtime). The completed plan shall be on file and accessible to staff.

NU105 The facility shall have a nutrition plan. The plan shall include opportunities for children to develop the knowledge and skills necessary to make appropriate food choices. This plan shall be the shared responsibility of all staff, including directors and food service personnel.

Make changes in a child's diet only if you have *all* of the following: **NU6**

- ☛ Directions from a trained health care provider
- ☛ Written permission from the child's parent or legal guardian
- ☛ Written permission from the child's health care provider

If changes in diet are ordered, do this: **NU6**

- ♡ Obtain a list of foods that the child can and cannot eat from the child's health care provider or parent or other legal guardian.
- ♡ Obtain approval for menus from the child care nutrition specialist.
- ♡ Record the specific diet restrictions in the child's health history in her confidential file.
- ♡ Develop a system to meet the child's special needs and protect her privacy.

Be sure to talk to parents frequently about progress or if there are problems or questions.

RECORD KEEPING

Keep accurate records about the foods you serve to the children in your care. You will be able to answer questions that come up related to feeding the children.

Keep written plans on file for both food service and learning experiences. These plans should include information about:

- ☛ Providing nourishing and attractive food to children **NU1**
- ☛ Menus—original plans, with changes written in
- ☛ Equipment
- ☛ Kitchen layout **AD45**
- ☛ Food buying, preparation, and service **AD45**
- ☛ Food handling **AD46**
- ☛ Steps to take when a child is choking **NU44, CSN64**
- ☛ Staffing **AD45**
- ☛ Coordinating learning experiences about food with other learning activities and with eating experiences at home **NU105**

The plan should specify who is responsible for each of these things. Work with a child care nutrition specialist to develop this plan. **NU1**



Keep written records on file for all children:

- ☞ A copy of the infant's or child's medical report, including growth data (height and weight) **AD25, HP5**
- ☞ Instructions from the infant's parent or health care provider on what and how much to feed the infant based on his nutritional requirements and developmental stage **NU8**
- ☞ Notes about regular communication with parents about children who are underweight or overweight, or have eating problems **PR42**

Notes about these planned communications shall be maintained in each child's record at the facility and shall be available for review.

Keep written records of this information on file for infants or children who have food allergies or other special dietary needs:

- * Information about any special diet a child needs to follow and any food allergies a child has **NU6**
- * A list of foods that the child can and cannot eat from the child's parent or legal guardian *or* from the child's health care provider **NU6**
- * Permission from the child's parent or legal guardian *and* from the child's health care provider to make changes or additions to the child's diet **NU6**
- * Changes made in the diet **NU6, NU9**
- * Special nutrition or feeding needs of children with special health needs **CSN62**
- * Menus approved by the child care nutrition specialist **NU6** and any change in foods served on a daily basis

SAFE BOTTLEFEEDING

Young infants in child care are ordinarily fed with a bottle—whether they are fed breast milk or formula.

Support Parents' Choices

Parents have several decisions to make about feeding their infants. Some parents may worry that it will be too hard to continue to breastfeed when the baby is in child care. Let the mother know that you support this practice and that you will help her to continue breastfeeding. Support may mean that you feed the child breast milk that the mother provides each day. Or, if the child has formula during the day, it may mean that you will not feed the child right before the mother picks him up so that he will nurse right away. Whether infants are fed

AD25 Nutrition assessment data (i.e., growth and anemia screening) shall be an integral part of the routine health supervision documented in the health record. Children found at risk shall have additional assessments, follow-ups, and recommendations for facility management as needed.

HP5 The facility shall require that the children have routine health supervision that includes documentation of height and weight assessment and head circumference (if less than 24 months old) according to the standards of the American Academy of Pediatrics.

NU8 Meals and supplements (snacks) provided by the facility for infants shall contain at a minimum the food components shown in Appendix J [of *National Health and Safety Performance Standards*]. Food shall be appropriate for infants' individual nutrition requirements and developmental stages as determined by written instructions obtained from the child's parent or health care provider.

PR42 Planned communication (e.g., parent conferences) shall be scheduled with at least one parent of every child in care to review the child's development and adjustment to care; to reach agreement on appropriate, nonviolent disciplinary measures; and to discuss specific health issues and such concerns as persistent behavior problems, developmental delays, special needs, overweight, underweight, or eating or sleeping problems. At these planned communications, the child's medical report and the health record shall be reviewed by a staff member with the parent to identify medical and developmental issues that require follow-up or adjustment of the facility. Each review shall be documented by the signature of the parent and staff reviewer in the child's facility health record. These planned communications shall be as follows:

- a) As part of the intake process.
- b) At each health update interval as follows:
 - (1) Every 6 months for children under 6;
 - (2) Every year for children over 6.
- c) Whenever new information is added to the child's facility health record.

NU6 Dietary modifications shall be made under the direction of a trained health care provider. The caregiver shall modify and/or supplement the child's diet because of food allergies or special dietary needs only with written permission from



the child's parent or legal guardian and from the child's health care provider. The caregiver shall obtain a list of foods that the child can and cannot consume from the parent/legal guardian or the child's health care provider. Menus shall be approved by the child care nutrition specialist. Dietary modifications shall be recorded as specified in Appendix C [of *National Health and Safety Performance Standards*].

NU9 The introduction of solid foods shall be accomplished routinely between 4 and 6 months of age, as indicated by an individual child's nutritional and developmental needs after consultation with the parents. Modification of basic food patterns shall be provided in writing by the child's health care provider.

CSN62 A written history of any special nutrition or feeding needs of the child shall be obtained before the child enters the facility. This history shall be reviewed by the staff with the child care nutrition specialist or in consultation with a registered nurse.

NU13 Only cleaned and disinfected bottles and nipples shall be used. All filled bottles of breast milk or iron-fortified formula shall be refrigerated until immediately before feeding. Any contents remaining after a feeding shall be discarded. Prepared bottles of formula from powder or concentrate or ready-to-feed formula shall be refrigerated, and shall be discarded after 24 hours if not used. An open container of ready-to-feed or concentrated formula shall be covered, refrigerated, and discarded after 48 hours if not used. Unused expressed breast milk shall be discarded after 48 hours if refrigerated, or after 2 weeks if frozen.

NU100 Bottles, bottle caps, and nipples shall not be reused without first being cleaned and disinfected.

NU17 Bottles, bottle caps, and nipples reused by the facility shall be cleaned and disinfected by washing in a dishwasher or by boiling for 5 minutes or more just prior to filling.

NU14 Bottles of breast milk and formula shall be dated. When there is more than one bottlefed infant, all bottles shall be labeled with the child's name. All formula and breast milk shall be used only for the intended child.

NU13 Only cleaned and disinfected bottles and nipples shall be used. All filled bottles of breast milk or iron-fortified formula shall be refrigerated until immediately before feeding. Any contents remaining after a feeding shall be discarded. Prepared bottles of formula from powder or concentrate or ready-to-feed formula shall be refrigerated, and shall be discarded after 24 hours if not used. An open container of

breast milk or formula, be sure to follow the parents' instructions about the kind of bottle or bottle liners to use.

Keep Everything Clean

Clean and disinfect reusable bottles, bottle caps, and bottle nipples before every use. ^{NU13, NU100} Do this by washing them in a dishwasher or boiling them for at least 5 minutes just before filling them. ^{NU17}

Use Breast Milk and Formula That Are Safe

Be sure to use the breast milk or formula intended for each child. Label all bottles with the date of preparation. When you have more than one infant who is bottlefed, label all bottles with the child's name also. Never use a bottle prepared for one child for another child. ^{NU14}

If the infant is fed breast milk, ask the parents in advance to bring breast milk in clean bottles clearly marked with the child's name. Keep the bottles refrigerated until you are ready to use them. Discard any unused breast milk after 48 hours. ^{NU13} These are conservative estimates; other sources may suggest longer periods.

If infants are formula-fed, ask the parents to bring in the formula if they can. ^{NU12} This practice shows that you support the family's feeding decision and provides familiar formula for the infant. Parents may choose to bring in prepared bottles of formula. If so, refrigerate all bottles and clearly label them with the child's name. Discard any prepared formula after 24 hours. ^{NU13}

If you provide the formula, it should be either ready-to-feed or carefully prepared from powder or concentrate. Prepare formula according to the instructions on the container. Use water from a source that has been approved by the local health department. ^{NU12} You must supply the formula to receive reimbursement from the CACFP.

Always hold infants who are not able to sit up for feeding. Do not prop bottles for infants to nurse, and don't let infants or toddlers carry bottles around with them. ^{NU11} Propping bottles can cause choking. It can also lead to baby bottle tooth decay if the contents of the bottle stay in the baby's mouth for a long time (for example, if the baby falls asleep with the bottle in his mouth).



Prepare and Serve Breast Milk and Formula Properly

Thaw frozen breast milk under cold running water or in the refrigerator or set the bottle in a bowl of hot tap water for several minutes—NEVER out on the counter. **NU15**

It is not necessary to warm breast milk or formula, but some babies may prefer it. If you need to warm breast milk or formula, place the bottle in a pan of hot (not boiling) water for 5 minutes. Take the bottle out, shake it well, and test the temperature of the milk before feeding it to the infant. **Never warm breast milk or formula in a microwave oven.** **NU62** The fluid can get too hot in some places and cause a burn. Don't warm bottles by leaving them out of the refrigerator or putting them in warm water for extended periods of time—these practices provide an ideal environment for bacteria to grow. **NU16**

Some children still use bottles when they start drinking homogenized milk. Pour the milk directly from the carton or container into a clean, disinfected bottle or a disposable, sterile bottle liner. Be sure to label the bottle with the child's name. **NU18**

Store Bottles Safely

Mark any bottles of breast milk or formula with the child's name and the date. **NU14** Store the bottles in the refrigerator or freezer until they are used for feeding. Cover and refrigerate any open containers of ready-to-feed or concentrated formula. Any breast milk or formula remaining after 48 hours after opening should be discarded. **NU13**

WHEN SHOULD YOU DISCARD BREAST MILK OR FORMULA? **NU13**

IN BOTTLE

Contents left after each feeding	Always discard immediately
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IN REFRIGERATOR

Open containers of ready-to-feed or concentrated formula	Discard after 48 hours if not used
Prepared bottles of formula	Discard after 24 hours if not used
Bottles of expressed breast milk	Discard after 48 hours if not used*

IN FREEZER

Bottles of expressed breast milk	Discard after 2 weeks if not used* (longer if continuously frozen)
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* Opinions differ about the amount of time that breast milk can be safely stored. The standards give these times because storage conditions may not be ideal. For example, the refrigerator door may be opened frequently by children or adults, and the temperature of the freezer area may not remain constant.

ready-to-feed or concentrated formula shall be covered, refrigerated, and discarded after 48 hours if not used. Unused expressed breast milk shall be discarded after 48 hours if refrigerated, or after 2 weeks if frozen.

NU12 Formula shall preferably be provided by the parents; if provided by the facility, formula shall be in a factory-sealed container. The formula shall be of ready-to-feed strength or shall be prepared from powder or concentrate at the child care site and diluted according to the instructions provided by the manufacturer, using water from a source approved by the local health department.

NU11 Infants shall either be held or be fed sitting up for bottle feeding. Infants unable to sit shall always be held for bottlefeeding. Bottle propping and carrying of bottles by young children throughout the day and/or night shall not be permitted.

NU15 Frozen breast milk shall be thawed under running cold water or in the refrigerator.

NU62 Heating units for warming bottles and food shall be accessible to adults but not to children. Microwave ovens shall not be used for warming infant bottles or infant food.

NU16 If breast milk or formula is to be warmed, bottles shall be placed in a pan of hot (not boiling) water for 5 minutes, after which the bottle shall be shaken well and the milk temperature tested before feeding. Bottles of formula or breast milk shall never be warmed in a microwave oven.

NU18 For children requiring bottles, but no longer on formula, milk shall be poured from the original container into cleaned, disinfected, and labeled bottles or disposable, sterile bottle liners.

NU14 Bottles of breast milk and formula shall be dated. When there is more than one bottlefed infant, all bottles shall be labeled with the child's name. All formula and breast milk shall be used only for the intended child.

NU13 Only cleaned and disinfected bottles and nipples shall be used. All filled bottles of breast milk or iron-fortified formula shall be refrigerated until immediately before feeding. Any contents remaining after a feeding shall be discarded. Prepared bottles of formula from powder or concentrate or ready-to-feed formula shall be refrigerated, and shall be discarded after 24 hours if not used. An open container of ready-to-feed or concentrated formula shall be covered, refrigerated, and discarded after 48 hours if not used. Unused expressed breast milk shall be discarded after 48 hours if refrigerated, or after 2 weeks if frozen.



FIGURE 4.1

MENU PLANNING CHECKLIST

- ___ Does the menu meet the CACFP requirements for all the children for the day?
- ___ Is a good source of vitamin C included in at least one meal or snack daily?
- ___ Is a good source of iron included in at least one meal or snack daily?
- ___ Is a good source of vitamin A included in a meal or snack at least three times a week?
- ___ Does each meal include foods with different textures?
- ___ Does each meal include foods with different colors?
- ___ Is a new food included along with some favorite foods?
- ___ Are some foods that represent the cultures of the children included?
- ___ Are all the foods safe for the ages of the children? (For example, grapes are peeled and sliced in half; chicken is cut in very small pieces.) See Chapter 2 for more information.

FIGURE 4.2

SNACK IDEAS

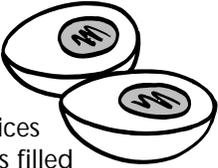
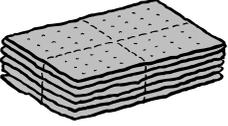
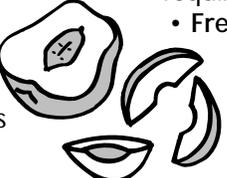
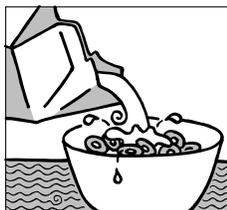
- Hard-cooked egg halves 
- All kinds of fruit juices
- Soft tortilla wedges filled with refried beans or cheese
- Whole wheat crackers or **graham crackers** 
- Peanut butter on rice cakes or crackers
- Banana, date-nut, or carrot bread
- **Biscuits or muffins** 
 - Mini-sandwiches
 - Small pizzas
 - Cheese slices or chunks
 - Animal crackers 
- **Cheese toast triangles** 
- Dry, assorted unsweetened cereals mixed together
- Soft bagel with cream cheese
- Yogurt with fresh fruit
- Pudding made with milk (this cannot be used to meet the CACFP milk requirement)
- **Fresh fruit slices or chunks** 
- Apple sauce or other fruit purées
- **Cereal with milk** 
- Frozen fruit juice pops



FIGURE 4.3

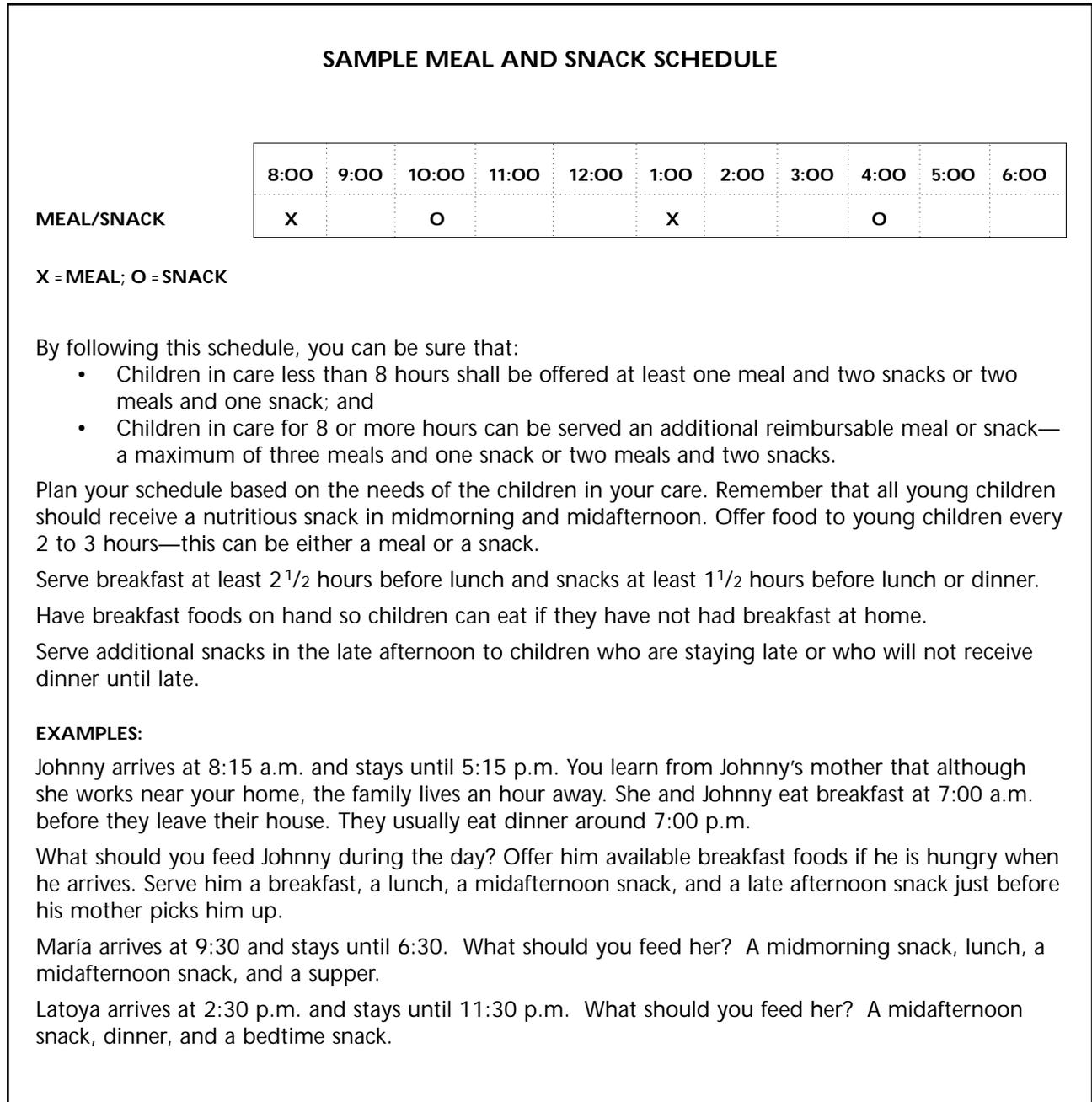




FIGURE 4.4

VERY GOOD SOURCES

VITAMIN C

SERVE AT LEAST ONE OF THESE FOODS EACH DAY

FRUIT

Acerola cherry
Cantaloupe
Elderberry
Grapefruit
Guava
Kiwi
Mandarin orange
Mango
Mulberry
Orange
Papaya
Raspberry
Strawberry
Tangerine

Commercially prepared vitamin C-fortified strained baby fruits

VEGETABLE

Bell pepper
Broccoli
Brussels sprouts
Cabbage
Cauliflower
Collards
Dandelion greens
Dock (sorrel)
Fennel leaves
Garden cress
Kale
Kohlrabi
Mustard greens
Spinach
Tampala leaves
Tomato
Turnip greens
Watercress

JUICE

Cranberry juice
Grapefruit juice
Orange juice
Tangelo juice
Tangerine juice
Tomato juice
Vegetable juice

Blended juice

100-percent juice fortified with vitamin C, such as apple, pineapple, grape cherry, or cranberry

Infant fruit juice fortified with vitamin C

IRON

SERVE AT LEAST ONE OF THESE FOODS EACH DAY

MEAT AND MEAT ALTERNATES

Lean beef, pork, lamb, goat, venison and other game, and other meats, especially liver and other organ meats
Chicken, turkey, and other kinds of poultry
Fish
Egg yolk
Peanut butter
Cooked dried beans and peas

IRON-FORTIFIED CEREALS

To help the body take in more iron, include a good source of vitamin C with meals, especially if the meal does not include meat, fish, or poultry.



FIGURE 4.4 (CONT'D)

VITAMIN A SERVE FOODS FROM THIS LIST AT LEAST <i>THREE</i> TIMES EACH WEEK		
FRUIT	VEGETABLE	JUICE
Cantaloupe	Beet greens	Carrot juice
Mango	Bok choy	
Papaya	Carrot	
	Chili peppers (red)	
	Collard greens	
	Dandelion greens	
	Dock (sorrel)	
	Kale	
	Mixed vegetables	
	Mustard greens	
	Pumpkin	
	Spinach	
	Sweet potato	
	Tampala leaves	
	Turnip greens	
	Watercress	
	Winter squash	

The U.S. Dietary Guidelines for Americans recommend eating a variety of foods to get the nutrients needed and the right amount of calories to maintain healthy weight.

